

215037957
60641

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 179	Agency Case No. B5-086315	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		(In Military Time) TIME OF ACCIDENT 1515	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1516	09/17/2015	
B 88	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 40th & Old Cheney Rd.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 3	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		S 40th		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 3 R2 4 R3 1 R4 1	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12150698		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	JEFFREY L BROUGHTON		PHONE	402-432-9871	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/29/1977	
G 4	OWNER	JEFFREY L BROUGHTON		PHONE	402-432-9871	
H 2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB484343	
V1/O 2	LICENSE PLATE PA NO.	WTRDAWG		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 3	VEHICLE	2003	Chevrolet	MODEL Silverado	BODY STYLE Pickup truck	COLOR white
I 1	VEHICLE ID NO. (VIN)	1GCHK23U73F214217		INSURANCE COMPANY	Allied	
J 01	TOWED TO	TOWED BY		POLICY NO.	PPCM0031966468-3	
VEHICLE NO. 2						
V1/P 1	DRIVER	ERIC A DAGOSTINO		PHONE	402-202-2968	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/30/1967	
J 01	OWNER	ERIC DAGOSTINO		PHONE	402-202-2968	
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V2/Q 1	LICENSE PLATE PA NO.	TGI009		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
K 02	VEHICLE	2009	BMW	MODEL 328XI	BODY STYLE 2 door Sedan	COLOR blue
VEHICLE ID NO. (VIN)		WBAWC33569PU83232		INSURANCE COMPANY	State Farm	
TOWED TO		TOWED BY		POLICY NO.	R032583-B23-27F	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	

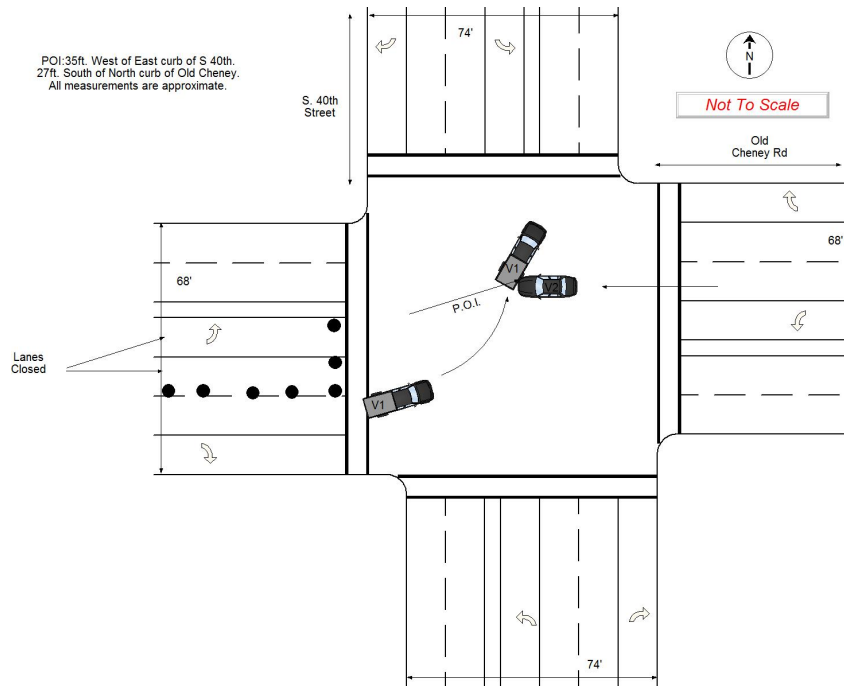
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086315



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 said he was in the intersection waiting to turn left on a yellow light. V1 thought traffic was stopping and he began to turn. V1 then saw V2 enter the intersection. V1 accelerated to avoid a collision but was struck by V2. V2 said he was West bound on Old Cheney going straight and entered the intersection on a green light. V2 said V1 turned in front of him causing the collision. Witness saw V1 waiting to turn left out in the intersection. Witness said V1 turned and was struck by V2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME John Goldie 2206 S 142nd St. Ct. #5, Omaha, NE 68144	ADDRESS	PHONE 712-355-0730		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1			X		Old Cheney Rd				VEHICLE 1				VEHICLE 2											
2				X	Old Cheney Rd				VEHICLE 1				VEHICLE 2											
1	06	06 Turning left			POINT OF IMPACT				04	POINT OF IMPACT			02											
2	01	07 Making U-turn			MOST DAMAGED AREA				04	MOST DAMAGED AREA			02											
					08 Entering traffic lane																			
					09 Leaving traffic lane																			
					10 Parked																			
					11 Slowing or stopped in traffic																			
					12 Other																			
					13 Unknown																			
OFFICER NO. 1530					TROOP/TEAM/BEAT NE					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO									
INVESTIGATOR NAME (Print or Type) Seth Petersen										INVESTIGATOR SIGNATURE Approved by Ofc Seth Petersen										DATE OF REPORT 09/17/2015				